Conflict of Interest
ANNUAL ELECTED OFFICIAL
Statement of Financial Interest

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S.D. SEC. OF STATE

Elected Officials who file:

State Office elected officials (governor, lieutenant governor, state treasurer, attorney general, secretary of state, state auditor, public utilities commissioner, commissioner of school and public lands, state legislator, circuit court judge and supreme court justice SDCL 3-1A-2);

Gubernatorial Appointee for whom senate confirmation is required shall file with the secretary of state a statement of financial interest before confirmation SDCL 3-1A-3.

Local Office officials (county commissioner, school board member in a school district with a total enrollment of more than 2,000 students, or commissioner, council member, or mayor in any 1st class municipality SDCL 3-1A-4)

Deadline to file: Not later than the **first day of January** of every year the person continues to hold the office.

File with: The Secretary of State except **local candidates** file with the office where they file their oath of office.

Please print:

Full Name Timothy Ray Goodwin

Complete Address 12873 S Pine Road, Rapid City SD 57702

Office *(list District number if applicable)* House of Representatives

What is your occupation/profession? Self Employed / Retired

List any source of funds (business or economic relationship) which contributes **more than 10%** of or **more than $2,000** to your family's *(includes spouse, minor children living at home)* **gross income** in the preceding calendar year. This also includes any enterprise in which you or an immediate family member(s) **controls more than 10% of the capital or stock**. Identify who receives the income from each enterprise but do not include the value. (SDCL 3-1A-1)

**The intent of this form is to collect specific information, not generalities.*

Name of Candidate or Family Member	**Name the Source of Funds** (Ex: current employer, SD Legislature, 401K, benefits, etc.)	**Relationship to funds** (Ex: employee, officer, director, associate, partner, shareholder, owner, member, proprietor, etc.)
Tim Goodwin	Legislature	Employee
Tim Goodwin	Dept of the Army	Retirement
Tim Goodwin	Social Security	Retirement
Tim + Marcia Goodwin	Owner + Shareholder	Farm + Investment Income

I declare and affirm under the penalties of perjury that the information above has been examined by me and to the best of my knowledge and belief is a true, correct and complete representation of myself and my immediate family's financial interests for the preceding calendar year.

Timothy R Goodwin
(Signature)

January 8th 2019
(Date)

Filed this 8th day of January 2019
Steve Barnett
SECRETARY OF STATE